

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37157
STATE FILE NUMBER
10072
Registrar's No.

FILED NOV 1 1957 Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo.		c. CITY OR TOWN 6059 Kingsbury	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6059 Kingsbury		d. STREET ADDRESS 2573	
3. NAME OF DECEASED (Type or print) First SOL Middle S. Bejach Last Bejach		4. DATE OF DEATH Month 10 Day 24 Year 1957	
5. SEX male	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) St. Louis Mo.	
13a. FATHER'S NAME Abraham Bejach		13b. MOTHER'S MAIDEN NAME Lena Goldsmith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) mmo		16. SOCIAL SECURITY NO. 492-24-7707	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma of the Colon</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>153x</u> DUE TO (c) <u>153x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Mrs. Morris Bothman 6059 Kingsbury Address	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. <u>None</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Sept. 1, 1957</u> to <u>Oct. 24, 1957</u> and last saw him alive on <u>Oct. 22, 1957</u> Death occurred at <u>2:22 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Herbert C. Megard, M.D.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE 10/27/57	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive		23d. LOCATION (City, town, or county) (State) North & South Rd Mo.	
24. FUNERAL DIRECTOR Mayer		25. DATE RECD. BY LOCAL REG. OCT 28 57	
26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> M. G. B.			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Robert M. Murray
Licensed Embalmer No. *3749*
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.